



STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 TRADE PRACTICES DIVISION, PRODUCT SAFETY UNIT  
 Telephone: (860) 713-6115  
 WebSite: [www.state.ct.us/dcp/](http://www.state.ct.us/dcp/)

## APPLICATION FOR STERILIZATION PERMIT

### INSTRUCTIONS:

All spaces must be completed - please print in ink or type. This application must be accompanied by a check or money order for **\$25.00**, made payable to: *"Treasurer, State of Connecticut"*.

➔ Return your completed application and fee to:

*Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106*

License to be issued in the name of:				
Street Address (Principal Place of Business)		City		State      Zip Code
Telephone Number (w/area code)		Federal ID Number	Email Address	
Mailing Address (If different than above)				
Street Address		City		State      Zip Code
Applicant Legal Standing: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Association				
Name of Parent Company (Corporation, Partnership, LLC, etc.)			Name of Principal Officer	
<b>PRODUCTS OR PROCESSES</b>				
Materials to be Sterilized (Give the name of the material and state whether complete article or constituent parts will be sterilized)				
<b>CHEMICAL SPRAY METHOD</b>				
Chemical Used			Method Used	
<b>METHOD FOR STERILIZING NEW FEATHERS</b> (Give complete, detailed description of method used - use back of sheet if necessary)				
<b>PROCESS NOT MENTIONED</b> (Give complete, detailed description of method used - use back of sheet if necessary)				
This firm has been issued a Sterilization Permit for feather and down by another State, and request that this number be assigned in Connecticut: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span>				
<b>METHOD FOR STERILIZING SECOND-HAND METAL BED SPRINGS</b>				
Size of Tank:	Length	Width	Height	Material Used in construction of tank
Impervious to action of caustic solution		Quantity of caustic soda used to each gallon of water		How long a time are articles submersed in the caustic solution

Pursuant to the provisions of the Bedding and Upholstered Furniture Act, application is hereby made by the undersigned and the appropriate fee submitted for approval of the method of sterilization described above. I agree to forward, in duplicate, a specimen of the tag to be attached to articles on bedding, upholstered furniture or filling materials. I hereby certify the forgoing is true to the best of my knowledge and belief.

\_\_\_\_\_  
 Applicant

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

### FOR OFFICIAL USE ONLY

Permit Number Issued	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Disapproval Reason	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application <input type="checkbox"/> Updated Application	Expiration Date April 30, 20____
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